



State of California  
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**Inquiry:** I am the manager of a Hyperbaric /Wound Care Department in a community hospital. The department is staffed primarily with RCPs. We recently conducted a survey of the unit by the Undersea & Hyperbaric Medical Society. Several issues were identified by one of the nurse surveyors regarding procedures performed by staff that was considered outside the RCP scope of practice. The role of the RCP in this department includes provisions of hyperbaric oxygen therapy under the order of a privileged physician, and assisting physicians during wound clinic. The RCPs measure and apply dressings and ointment to wounds. They also accept and write telephone orders from Wound Care physicians for antibiotics, anti-anxiety medications, pain medications, durable medical equipment and home care services. Through physician order, the staff also arranges lab tests including blood tests, MRI, CT, bone scans and bone biopsies. All patients treated in the clinic are initially assessed by a Wound Care physician and reassessed as indicated by their clinical condition. The physicians are not required to be present during the administration of all HBO therapy; therefore some patient assessment is performed by the RCPs specifically related to HBO. This would include response to HBO therapy, ankle brachial index studies, assessment for pain, and transcutaneous oxygen monitoring. The physicians and staff in this area have received extensive training related to HBO and wound management. Competencies for the staff are completed annually by the Medical Director of the unit. Do these activities performed by the staff fall within the RCP scope of practice in the state of California?

**Response:** After careful review of your inquiry regarding the Hyperbaric /Wound Care Department in a community hospital setting, the Board offers the following opinion:

The skills and duties you have outlined are not outside the scope of a licensed RCP. Section 3701 of the Practice Act clearly recognizes the existence of overlapping functions between physicians and surgeons, registered nurses, physical therapists, and other health care providers. Its intent was to permit sharing of functions within organized health care systems.

With regard to training of personnel on overlapping functions, the onus is on the organized health care system to determine and institute appropriate training and competencies that would provide this function in a manner that would be safe when administered to the public.

Reference # 2003-C-33